



PART B - FEE(S) TRANSMITTAL

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7590

06/18/2002

James J Napoli
Marshall ~~OTTEK~~ Gerstein ~~MEHREZ~~ & Borun
6300 Sears Tower
233 South Wacker Drive
Chicago, IL 60606-6402

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Sandip H. Patel

(Depositor's name)

August 5, 2002

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/599,213	06/22/2000	Erik H.F. Wong	6248.4	8303

TITLE OF INVENTION: METHOD OF TREATING OR PREVENTING CHRONIC PAIN WITH A HIGHLY SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	09/18/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
JARVIS, WILLIAM R A	1614	514-239200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Pharmacia &2 Upjohn Attorney:3 James D. Darnley, Jr.**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PHARMACIA & UPJOHN COMPANY

Kalamazoo, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 12

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2835 (enclose an extra copy of this form).

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(Date)

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08/16/2002 MDANTE2 0000088 09599213

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